



Arkansas Early Childhood Comprehensive Systems Initiative

Medical Home Work Group - November 15, 2004 - 2:30 - 4:30 p.m.

Members Present: Gil Buchanan, Stevie Cherepski, Deborah Gangluff, Dana Gonzales, Virginia Lancaster, Lynn Mouden, Delores Pinkerton, Martha Reeder, Eldon Schulz, Paula C. Watson and Lisa Weaver (for Sip Mouden), **Invited guest:** Monica Miller, R.N., Health Coordinator from Sebastian County Head Start Child and Family Services, Inc.

Regrets: Jan Cox and Sip Mouden

Agenda Item #1: New Co-Chair

Discussion: The new co-chair for this work group has not been named (replacing Kara Cooper, M.D.)

Result: Lynn announced that the new co-chair will be a pediatrician or family care physician.

Agenda Item #2: Conference Call with Parent Education (October 18, 2004)

Discussion: Martha reported that Kara Cooper participated in the Conference Call with the Parent Education Work Group along with Jacqueline Gorton from the Family Support Work Group.

Medical Home, Social Emotional Health and Family Support Work Groups will be developing a tool that will target childcare facilities (caregiver piece), with a parent/child piece encouraging parents to take the physical well-being of their children seriously. Example: The part that goes home may focus on oral health one month with the caregiver piece focusing on the same subject. Discussion followed.

The tool must be adaptable to family and child care setting. It must be designed to be used in all settings. Suggested that it be research based.

A partnership representing the AECCS and other stakeholders has applied for a technical assistance grant from the Doris Duke Foundation. This would be a great help in actually developing the tool.

The group acknowledged that some children already have their Medical Home established.

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The Family Support Work Group will be spearheading the development of the tool. They are asking for representatives from this group.

Result: A sub-group is being formed. Representatives from the different work groups will need to participate in the sub-group. Some suggested topics from the Medical Home group include the following:

- Oral Health
- Immunizations
- Developmental Status
- Basic Hygiene
- Physical Activities
- Diet Nutrition (Bright Futures Series)
- Injury Prevention

Lynn asked that an e-mail be sent out to Medical Home members asking for a volunteer(s) to serve on the sub group and represent Medical Home in this matter.

Agenda Item #3: Head Start Program – Monica Miller, R.N.

Discussion: Head Start serves children across Arkansas. Head Start is designed to incorporate many different options. The Head Start program is family based. They like to get expectant mothers into the program as early as possible. They work with the parents. Children enter the program at three years of age. Head Start serves children 3-5 until they enter Kindergarten. It is a full-day program with some programs running a "night-shift" program. There are some part-day programs, 8 a.m. to 1 p.m. There is a migrant worker program in different parts of the state. They serve a nutritious breakfast, lunch, and a snack to each child.

Head Start reaches a lot of different faces. To enter the program, children must be age appropriate and income eligible. You can enter 10 percent over-income children with the children with the greatest needs being selected. Head Start is created and governed by parents. They are the governing body for the program. There is an advisory committee. Head Start is based upon several performance standards.

Head Start has rules. Each program is different but basic goals and performance standards must be met. Within 90 days after enrollment, there is a mandate to assist families to secure a medical home. What will be parent gain by this? Economic benefit to having a healthier child. An application is completed for each child. They talk with people about the program. The parents or guardian must also provide a birth certificate. All children attend Head Start program free.

"Do they have insurance?" is one of the questions asked. If they don't, the parents/guardians asked, "How can we assist in applying for insurance?" The Head Start worker sits with the parent/guardian and helps them complete the application for insurance if needed and mails it for them. Head Start helps them to answer the questions. Head Start follows up with them in a few weeks.

Head Start always approaches from the child's point of view. The teacher in the classroom, secretaries,
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and receptionists are taught how to do this. Many people do not feel comfortable completing forms or they would have already done it.

Head Start doesn't require U. S. Citizenship. On the application, they are asked for the name of their doctor or dentist or if they have WIC. Within 45 days of enrollment each child must have a physical, dental visit, hearing/vision screenings, and developmental. There is a Head Start form, but they accept any type of form that a doctor wants to send. There must be a team effort, doctor/parent/head start. They must work together.

There is a new rule: The Father's name must be on the birth certificate for children to receive child care vouchers. There are about 13 states with this law and Arkansas is one of them.

The Head Start model has framework. Head Start has a system revolving around performance standards. Each Head Start has to prove that they are doing what they are expected to do.

Head Start works with families on a one-to-one basis. Teachers develop a rapport with the parents. Head Start makes sure that a child's health needs are taken care of to meet performance standards. The parents concern for their child eliminates a lot of resistance by parents. Head Start asks, "How can we help or work together?"

The group needs to identify collaborative (community) partners. There are a lot of referrals to Head Start by Judges, local pediatricians, etc.

Some of Monica's tasks include the following: Review all immunizations (458 children), follow-up by e-mail or letter, review medical screening status, individual staff training, follow up with any child that needs follow-up treatment, be available to all parents by telephone, lead screenings, and monitor nutrition services, overseeing cooks. (See the Head Start Medical Home Model diagram attached)

Monica was thanked by the group and indicated that she would be willing to be contacted again for additional input.

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Agenda Item #4: Early Care and Education Work Group

Discussion: Martha reported that the Early Care and Education Work Group is working on a tiered system of quality with one of the components being Medical Home. This Work Group has the opportunity to provide input into the process. You can have some input into how those tiers are put into the plan. They can be part of the system being that the framework is there.

The Early Care group is asking for concrete suggestions that this group recommends be included into the tier system .

The Early Care and Education Work Group is holding a meeting on December 17 to look at the tier systems in other states. The next meeting will look at concrete recommendations for the tier system.

The section related to Medical Home is completely blank on the tier plan. They are looking for other components.

Medical Home will need to prioritize the list of the most important things regarding a child's medical home that could be reinforced by caregivers in a child care setting; please give serious consideration to this matter.

Group discussion and comments followed. The economic impact of Medical Home is really important, and it might be used for getting some of things into the plan. Martha mentioned that DHS is doing an economic impact study in Arkansas.

Results: Medical Home members were invited to attend the meeting on December 17. Contact Martha if interested.

TASKS: Monica was asked to condense some of her performance standards into about 15 suggestions that she feels should be incorporated into the priorities for the tier system.

Gil Buchanan will try to attend the Early Care and Education meeting on December 17.

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Agenda Item #5: Pilot Project - Free Lunch Program

Discussion: Rhonda Sanders was not able to be present to discuss an update on the pilot project utilizing kids on the free lunch. It was requested that she give a report on this matter at the next meeting.

Task: Martha agreed to contact Rhonda.

Agenda Items #6: Adjourning and Next Meeting Date

Discussion: The next meeting date was selected. There being no further business the meeting was adjourned.

Result: Next Meeting Date—

Tuesday, January 18, 2004

2:30 - 4:30 p.m.

Partners for Inclusive Communities

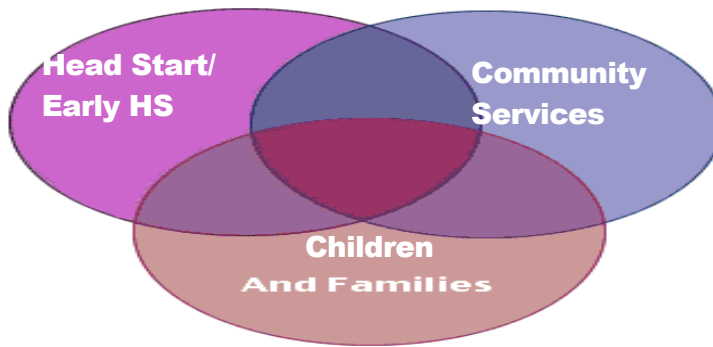
2001 Pershing Circle, Suite 300

(Memorial Medical Plaza Building)

North Little Rock, AR 82114-1841

TASKS:

Head Start Medical Homes Model



Created using the online Create-A-Venn system at www.venndiagram.com

Blending Personal Relationships To Build A Medical Home For Program Children and Their Families

**“They Don’t Care How Much You Know
Until They Know How Much You Care.”**

